## NY STATE LOBBYIST BI-MONTHLY REPORT

Marking Instructions: Please type or use blue or black ink pen. Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS before submitting or form will be returned.

FOR OFFICE USE ONLY

**Reporting Information** 

| Year: 2018           |               |           |              |         |        |
|----------------------|---------------|-----------|--------------|---------|--------|
| Fill in circle if am | endment ()    |           |              |         |        |
| Report Period: (     | ) Jan/Feb     | $\otimes$ | March/April  | O May   | /June  |
| (                    | D July/August | 0         | Sept/Oct     | O Nov/  | 'Dec   |
| Type of Lobbying:    |               | emer      | nt O Procure | ement   | ⊗ Both |
| Level of Gov't :     | O State Lobby | ving      | O Local Lo   | obbying | ⊗ Both |

| e    |  |  |
|------|--|--|
|      |  |  |
| Both |  |  |
| Both |  |  |

## II Principal Lobbyist Information

| PRINCIPAL LOBBYIST NAME: Organization: Onexim Sports and | Entertainment Holding USA, Inc. |                 |
|--|---------------------------------|-----------------|
| or<br>Last Name:   | First Name:                     |                 |
| Permanent Business Address: 125 Park Avenue, Suite 1540  |                                 |                 |
| City: New York   | State: NY                       | ZIP code: 10017 |
| Business Phone: 718-942-9076                             | Fax Number: N/A                 |                 |

## III Additional Lobbyists

List each individual associated with the principal lobbyist who lobbied during this period. If you list a name not shown on Section III of your Statement of Registration, or in an amendment, mark the "ADD" response beside the name.

| LAST NAME:                    | FIRST NAME: | ADD |
|-------------------------------|-------------|-----|
| 1. Yormark                    | Brett       | 0   |
| 2. Berlenbach                 | Sarah       | 0   |
| 3. Gewirtz                    | Jeffrey     | 0   |
| 4. Cohen                      | Kari        | 0   |
| 5.                            |             | 0   |
| 6.                            |             | 0   |
| 7.                            |             | 0   |
| 8.                            |             | 0   |
| O Continued on attached pages |             |     |

## IV Client Information

Name: Onexim Sports and Entertainment Holding USA, Inc.

Permanent Business Address: 125 Park Avenue, Suite 1540

City: New York

State: NY

ZIP code: 10017

Business Phone: 718-942-9076

Fax Number: N/A

Third Party Beneficiary (see instructions):

| V Summary of Compensation ar               | nd Reimburs | ed Expenses for this period |  |
|--|-------------|-----------------------------|--|
| COMPENSATION (Current Period Only):        | \$16,000    | .00                         |  |
| REIMBURSED EXPENSES (Current Period Only): | \$0         | .00                         |  |

| VI Lobbying Expenses (Current Pe  | riod Only)   |                              |                                     |   |
|---|--|------------------------------|-------------------------------------|---|
| A Report in the aggregate all expenses less that  |  | <b>\$</b> 0                  | .00                                 |   |
| Report in the aggregate all expenses for sala   |  |                              | .00                                 |   |
| C Itemize each expense exceeding \$75:  |  |                              |                                     |   |
| PAID TO:  | DATE: /  | /                            | O Ad                                | O Social Event                                  |
| PURPOSE:  | AMOUNT: \$   | ,<br>.00                     | O *Adden                            | dum attached                                    |
| PAID TO:  | DATE: /  | /                            | O Ad                                | O Social Event                                  |
| PURPOSE:  | AMOUNT: \$   | ,<br>.00                     | O *Adden                            | dum attached                                    |
| PAID TO:  | DATE: /  | /                            | () Ad                               | O Social Event                                  |
| PURPOSE:  | AMOUNT: \$   | .00                          | ⊖ *Adden                            | dum attached                                    |
| <ul> <li>Continued on attached pages</li> <li>If any expense listed above exceeds \$75 for<br/>Iollar amount attributable to the individual ar</li> <li>Total expenses for current period: \$16,00</li> </ul> |  |                              |                                     | isting the expense,<br>attached pages in tot    |
| II Subjects on which you lobbied:<br>sues related to Nassau Coliseum.   | Nassau   | County Exec                  | utive, Nassau C                     | cipality or Legislativ<br>County Deputy Executi |
|   |  | County Legis                 |                                     |   |
| <ul> <li>Continued on attached pages</li> </ul>   | and the second |                              | ached pages                         |   |
| <ul> <li>Kegulation, Rate Number or braces description relative to the introduction of introduction of legislation or a resolution you lobbied:</li> </ul>  |  | and Identi<br>iracts/doci    | fying Number<br>uments on wh        | s of procurement<br>lich you lobbled:           |
| O Continued on attached pages   | O Conti  | nued on atte                 | ached pages                         |   |
| XI Number or Subject Matter of Executive Or<br>Covernor/Municipality on which you lobbi<br>I/A  | der of XII Subj<br>led: N/A.   | ect Matter o<br>pacts, etc o | of and Tribes in<br>on which you lo | volved in tribal-state<br>ibbied:               |
| O Continued on attached pages   | O Conti  | nued on att                  | ached pages                         |   |
|   |  |                              |                                     |   |
| III Declaration<br>This Declaration must be signed by the print<br>Administrative Officer of such organization<br>reason, does not sign, he/she must duly des   | must sign this Declaration.  | (If the Chi                  | ef Administrati                     | ve Officer, for any                             |
| declare under penalty of perjury t<br>correct, and complete to the best o   |  |                              | in this repo                        | rt is true,                                     |
| X SIGNATURE: Marine a Hard  | DATE: 5/1  | 1/2018                       |                                     |   |
| PRINT NAME: LASTHanlon  | FIRST Ma   | ireen                        |                                     |   |

& Chief Administrative Officer

O Designee (Attach Letter)

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.

O Principal Lobbyist

Mark One: